

Paramedic Preceptor Program (Paramedic Preceptors)

Paramedic preceptors applying for 8 hours of ALS continuing education (CE) credit for precepting paramedic students must complete this form. Continuing education credit will be granted on the date the completed form is received and approved by the Education Program Director and a Course Completion Certificate will be issued. *No retroactive CE will be granted.*

Procedure:

- 1. Discuss training objectives with paramedic trainee during the trainee's first shift.
- 2. Review training objectives with the station Captain **upon completion** of internship.
- 3. Submit **original** (maintain a copy for your files) completed forms to the EMS Section office.
- 4. Station captain is responsible for entering ALS CE hours upon receipt of Course Completion Certificate.

This course is approved for 8 hours of continuing education by California Prehospital CE Provider # 19-0202

| This course is approved for a hours of community cancallon by Canjornia I renospilal CD I rovider # 19 0202 | | | | | | | |
|---|-----------|-----------------------------|--|--|-----------------|------------------|-------|
| Name: | | | | State License #: | LA County | #: | DID#: |
| 5111 | - · | | ~ | | | | |
| Division: | Battalion | n: | Station/Shift: | Interns Name: | | Provider Agency: | |
| | | | | | | | |
| Assigned Preceptors: | | | Date Internship Started: Date Internsh | | | ship Completed: | |
| | | | | | | | |
| Prediscussion Date: | | Paramedic Intern Signature: | | I | Preceptor Signa | | |
| | | | _ | | | | |
| | | | | | | | |
| | | Paramedic Intern Signature: | | Date Internship Started: Preceptor Signature: | | ship Completed: | |

| Training Objective | Plan to Meet Objective | Comments | |
|--------------------|--|----------|--|
| Intern Orientation | Intern oriented to fire station: | Date: | |
| | Intern oriented to squad: | Date: | |
| | Paramedic preceptors expectations during | Date: | |
| | field experience discussed with intern | | |



| Training Objective | Plan to Meet Objective | | Comments | | |
|-----------------------|--|---------------------------------------|--------------------------------|--|--|
| Teaching Tools | Intern will present a drill each shift – drill schedule discussed with intern: (Attach drill schedule) | Date: | | | |
| | Describe paramedic preceptors involvement in drills: | | | | |
| | Describe how structured simulations were ut and provide the Intern with additional opport describe how the paramedic preceptors partic applying gained knowledge in the field setting | unities to impro cipated in simula | ve skills/assessments. Briefly | | |
| | Describe other teaching tools that were utiliz | ed (if applicable | 2). | | |



| Training Objective | Plan to Meet Objective | Comments | | |
|----------------------------------|---|--|--|--|
| Evaluations | Describe the process for offering timely, constructive feedback | ck to the intern after each call: | | |
| | Were major evaluations discussed with the Intern in a timely | manner? | | |
| | Was the station captain involved in the evaluation process? | | | |
| Issue Resolution | Describe the process for communicating significant issues to | the intern: | | |
| | Describe the process for communicating significant issues to the paramedic training school personnel (if applicable): | | | |
| | As a paramedic preceptor – do you feel that significant issues | s were dealt with appropriately? | | |
| Role Modeling | The paramedic preceptor plays a vital role in molding an intern because they become the trainee's role model, teacher and evaluator. Do you have any suggestions that might improve the training process? | | | |
| Form must be complete and all re | equired signatures must be present in order to receive CE credi | t – incomplete forms will be returned. | | |
| Station Captain's Signature: | | Date: | | |
| Preceptors Signature: | | Date: | | |
| Education Program Director Sign | ature: | Date: | | |